

# City of Flagstaff Parks & Recreation Division

## Fall 2021 Adult Volleyball Official Roster



**Please print all information clearly.** A minimum of six (6) players from your team is required to be listed on the roster to register a team.

**LEAGUE SELECTION: PLEASE SIGN UP ACCORDING TO TEAM SKILL LEVEL.**

Circle One:

| Sunday       | Monday      | Tuesday | Wednesday  | Thursday | Friday |
|--------------|-------------|---------|------------|----------|--------|
| Coed B (CHS) | Women's B/C | Coed F  | Women's A  | Coed D   | Coed C |
| Coed E (FHS) | (SMS)       | (SMS)   | (AQUAPLEX) | (SMS)    | (SMS)  |
| Coed G (SMS) |             |         |            |          |        |

Women's (A) = Competitive (Highest skill level); (B) = Competitive; (C) = Recreational  
Coed (B) = Competitive (Highest skill level); (C) = Competitive; (D) = Competitive; (E) = Recreational; (F) = Recreational; (G) = Recreational

Previous League & Team Name: \_\_\_\_\_ Previous Year's Record: \_\_\_\_\_

**TEAM INFORMATION:**

Team Name: \_\_\_\_\_

**PRIMARY CONTACT/MANAGER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECONDARY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**TEAM ROSTER** (Required: *First & Last Name*. Please include T-Shirt size. *Only 1<sup>st</sup> Place Team will receive*):

(T-Shirt Size)

(T-Shirt Size)

- |                 |                  |
|-----------------|------------------|
| 1. _____ (____) | 7. _____ (____)  |
| 2. _____ (____) | 8. _____ (____)  |
| 3. _____ (____) | 9. _____ (____)  |
| 4. _____ (____) | 10. _____ (____) |
| 5. _____ (____) | 11. _____ (____) |
| 6. _____ (____) | 12. _____ (____) |

(Please list any additional players on other side!)